

471-000-515 NEBRASKA MEDICAID PERSONAL ASSISTANCE SERVICES RATE LISTING

The following fee schedule is used to determine payment rates for personal assistance services provided on or after July 1, 2016:

N-FOCUS CODE	DESCRIPTION	MEDICAID ALLOWABLE
4475	Basic Personal Assistance	\$2.30 per 15 minutes (quarterly unit)
4475	Specialized Personal Assistance	\$2.59 per 15 minutes (quarterly unit)

The following fee schedule is used to determine payment rates for Adult Day Care providers effective July 1, 2016:

**Center-Based Adult Day Add-On Services**

MMIS CODE	DESCRIPTION	MEDICAID ALLOWABLE
S5105 TD	RN service in Adult Day Service center setting**	\$12.54 per day unit
S5105	Aide service in Adult Day Service center setting**	\$7.84 per day unit

*\*\*Bill only when service is not included in Adult Day Service per diem rate.*

*NOTE: Providers may notice a minor difference in the published payment amount on the fee schedule and the actual payment amount. The payment system uses seven decimal places in the reimbursement calculation, but the fee schedule publishes only the first two decimal places.*